



ever growing, ever learning...

REGISTRATION FORM

STUDENT INFORMATION

Full Name:			Nickname:		
Address:		City / State:			Zip:
Date of Birth:	Age:	Sex:	Phone:		

PARENT INFORMATION

Parent /Guardian: Email:			Cell Phone: Work/Home Phone:		
Address:		City / State:			Zip:
Parent /Guardian: Email:			Cell Phone: Work/Home Phone:		
Address:		City / State:			Zip:

HOME ENVIRONMENT

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partners <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
What is the custody plan?					
Any unusual home situations?					
Is child adopted?		At what age?		Has child been told?	
Are there other adults in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names and role in child's life:					

SIBLING INFORMATION

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

MEDICAL INFORMATION

Child's Doctor:	Clinic:	
Address:		Phone:
Child's Dentist:	Clinic:	
Address:		Phone:
List any known dietary or medical needs:		

My child has an allergy (all allergies must be documented with an Individual Child Care Program Plan) – this must be completed before your child can attend.

My child has an Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP) – Please furnish a copy of this plan to the director before your child's first day.

EMOTIONAL BEHAVIOR

Behavior characteristics: <input type="checkbox"/> Calm <input type="checkbox"/> Excitable <input type="checkbox"/> Whining <input type="checkbox"/> Easily angered <input type="checkbox"/> Crying <input type="checkbox"/> Happy <input type="checkbox"/> Cheerful <input type="checkbox"/> Stubborn <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent <input type="checkbox"/> Quiet <input type="checkbox"/> Active <input type="checkbox"/> Fights often <input type="checkbox"/> Gives in easily <input type="checkbox"/> Wants own way <input type="checkbox"/> Temper tantrums <input type="checkbox"/> Other (please describe)
Which is most difficult to deal with?
Fears, If Any:
Type of home discipline by Parent / Guardian:

SOCIAL DEVELOPMENT

Has child had any previous group experience? (when & where)	
Does child have any neighborhood playmates?	Ages:
Social behavior: <input type="checkbox"/> Shy <input type="checkbox"/> Friendly <input type="checkbox"/> Cautious <input type="checkbox"/> Outgoing <input type="checkbox"/> Other (please describe)	
Favorite play activities or interests:	

Areas in which you would like Evergreen to help your child develop:

PHYSICAL DEVELOPMENT (to be completed for children under 36 months at time of enrollment)

Description of eating habits:

Description of sleeping habits:

Is your child toilet trained? No Yes Mastered Occasional Accidents Just starting Other

Communication habits/methods:

Effective methods for comforting your child:

ENROLLMENT INFORMATION

Starting Date:

Days Attending: 3 days 5 days
 Monday Tuesday Wednesday Thursday Friday

Hours Attending: School Day (8:30am-3:30pm) Extended Day (7:00am-6:00pm – not more than 10 hours/day)

GENERAL INFORMATION

Previous Montessori Experience: Yes No

When / Where:

Previous pre-primary schooling: Yes No

When / Where:

Other languages spoken in the home: _____ _____ _____

What particular features convinced you to choose Evergreen for your child?

Each application for enrollment must be accompanied by a non-refundable registration fee of \$100 before it will be processed. A check for \$100 made payable to Evergreen Montessori and this application should be mailed to the center.

I have truthfully answered the above questions, read and agree to the school policies, and understand that I am expected to participate in the operation of the school as part of my obligation.

PARENT/GUARDIAN SIGNATURE

DATE